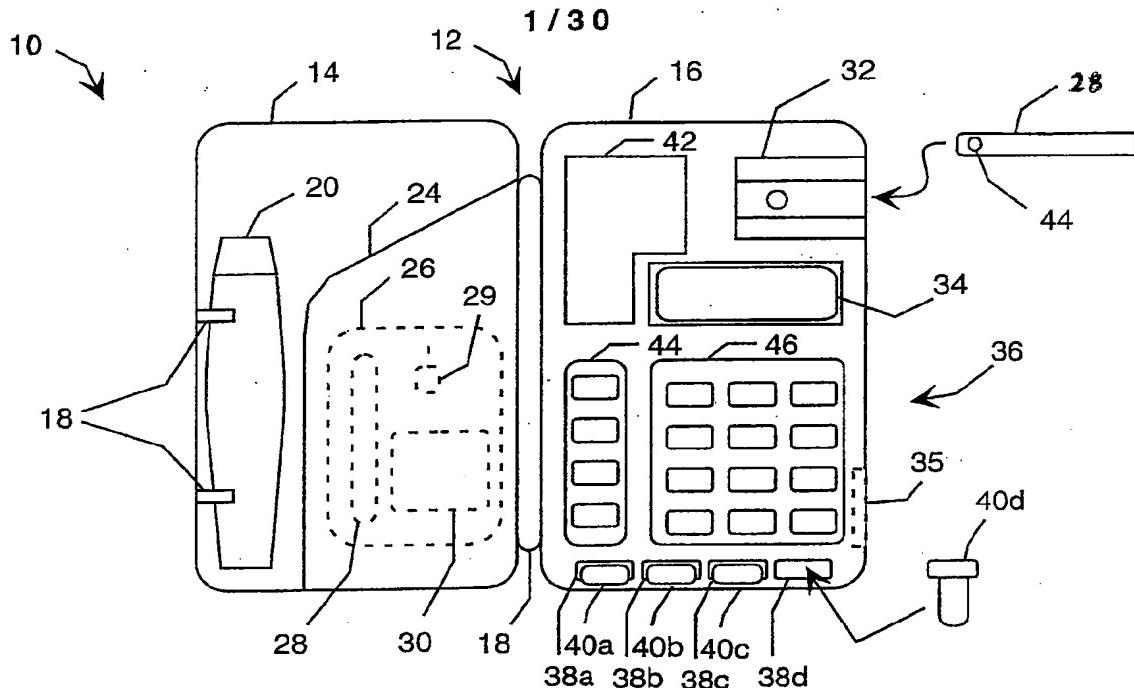
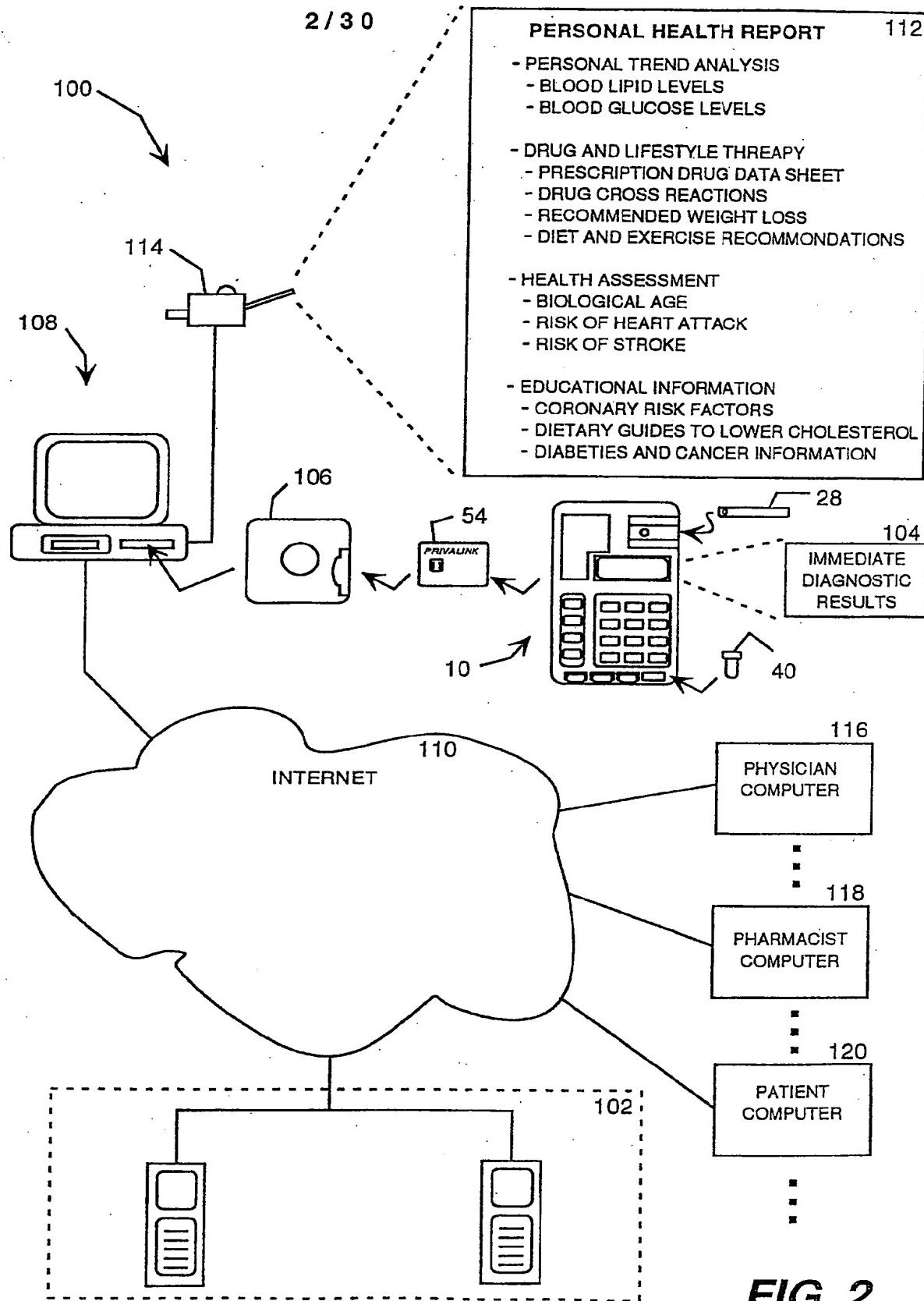


REPLACEMENT DRAWING



REPLACEMENT DRAWING



REPLACEMENT DRAWING

3 / 30

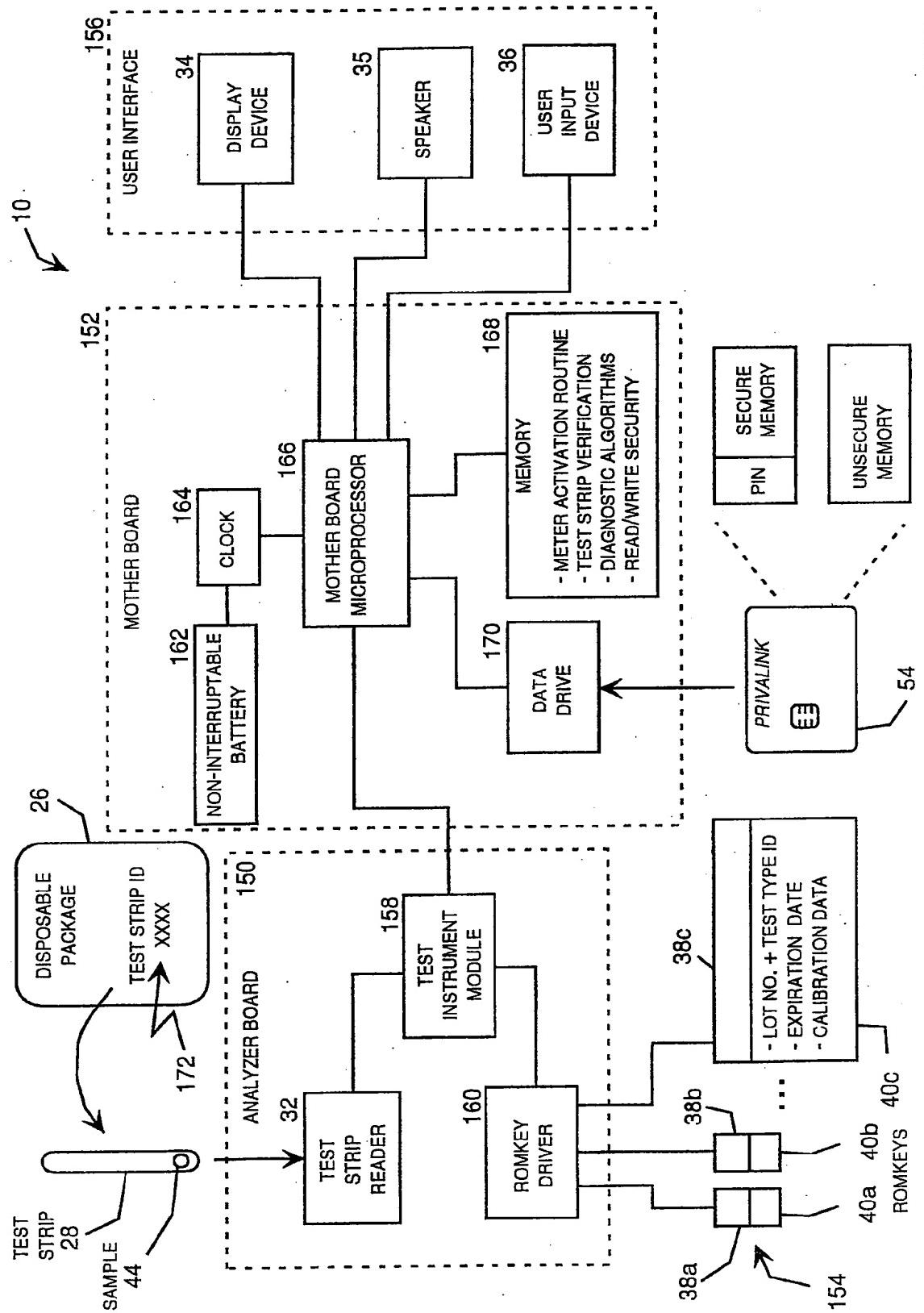
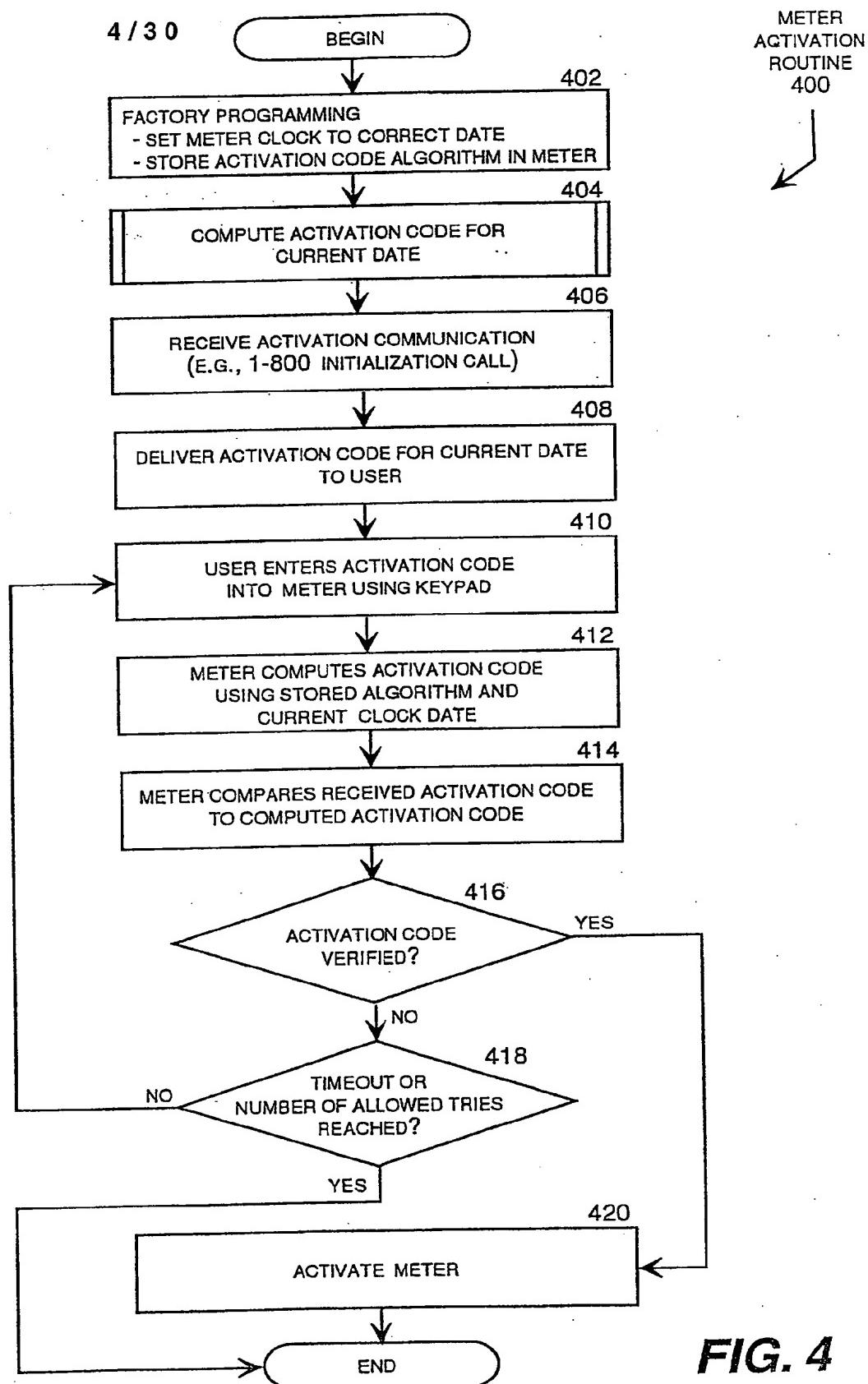


FIG. 3

REPLACEMENT DRAWING



REPLACEMENT DRAWING

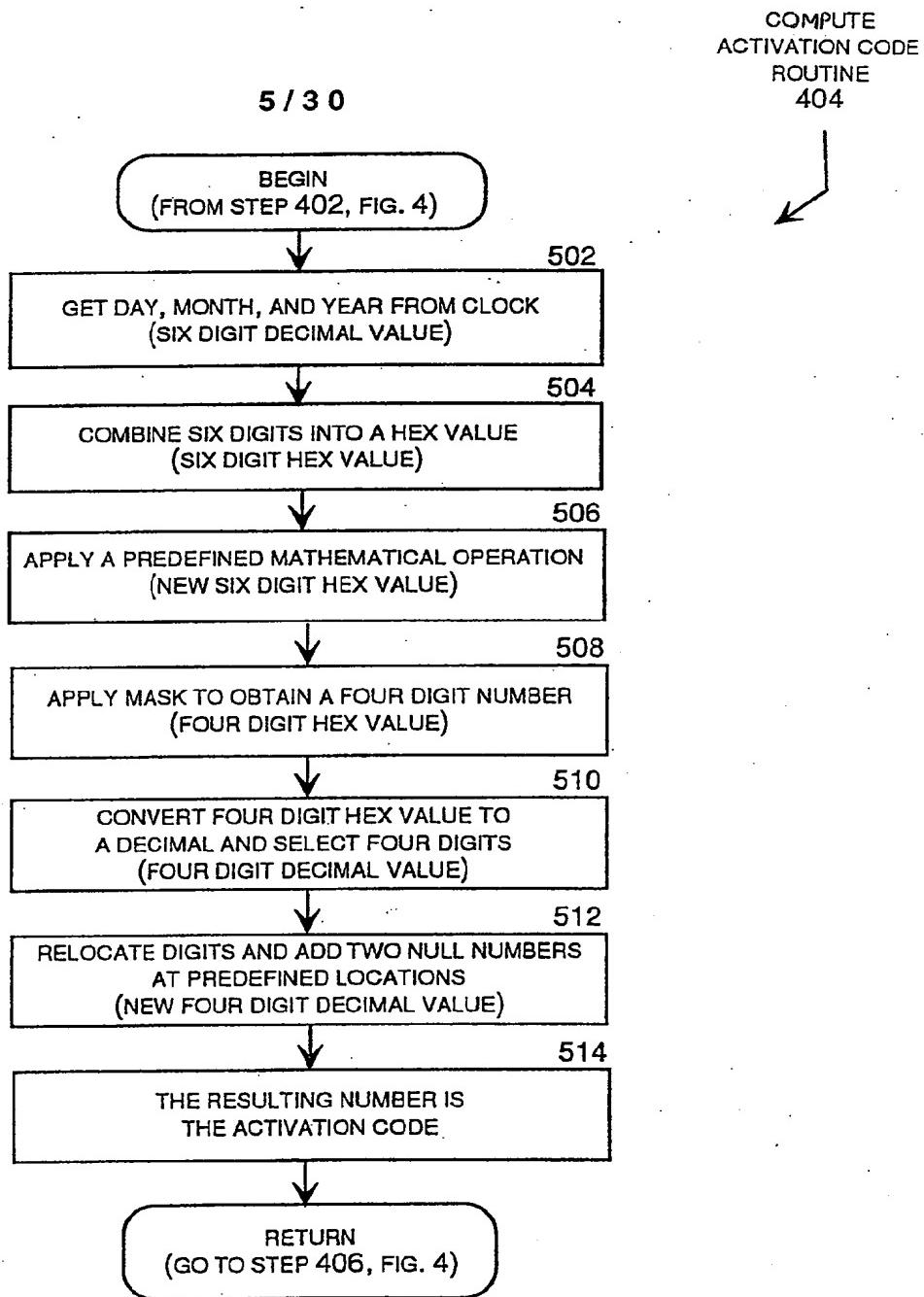
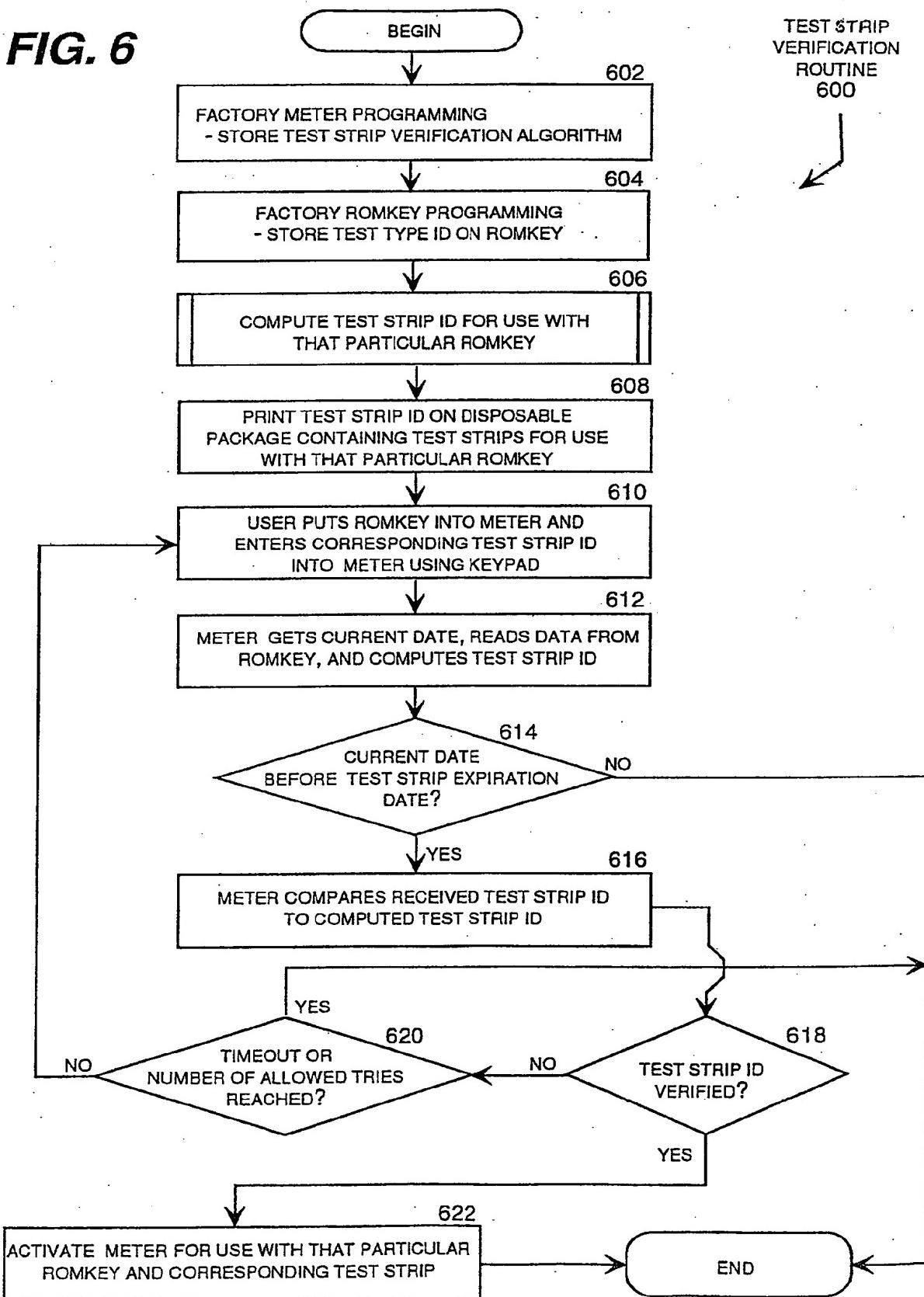


FIG. 5

REPLACEMENT DRAWING

6 / 3 0

FIG. 6



REPLACEMENT DRAWING

7 / 3 0

COMPUTE
TEST STRIP ID
ROUTINE
606

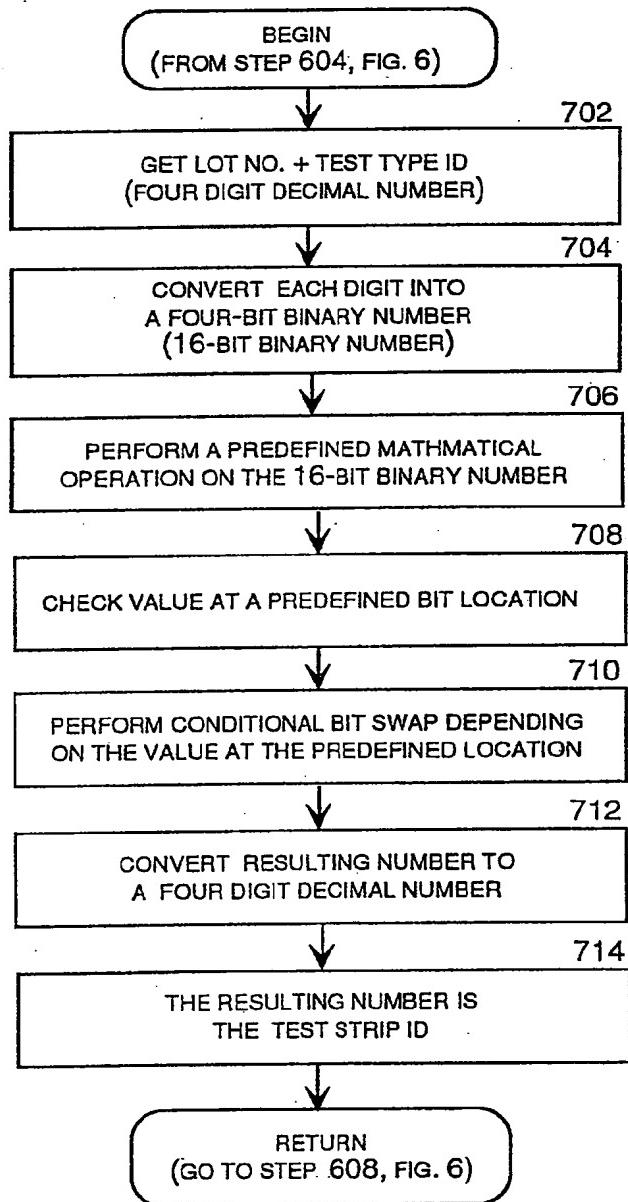


FIG. 7

REPLACEMENT DRAWING

8 / 30

DIAGNOSTIC
PROGRAMMING
ROUTINE
800

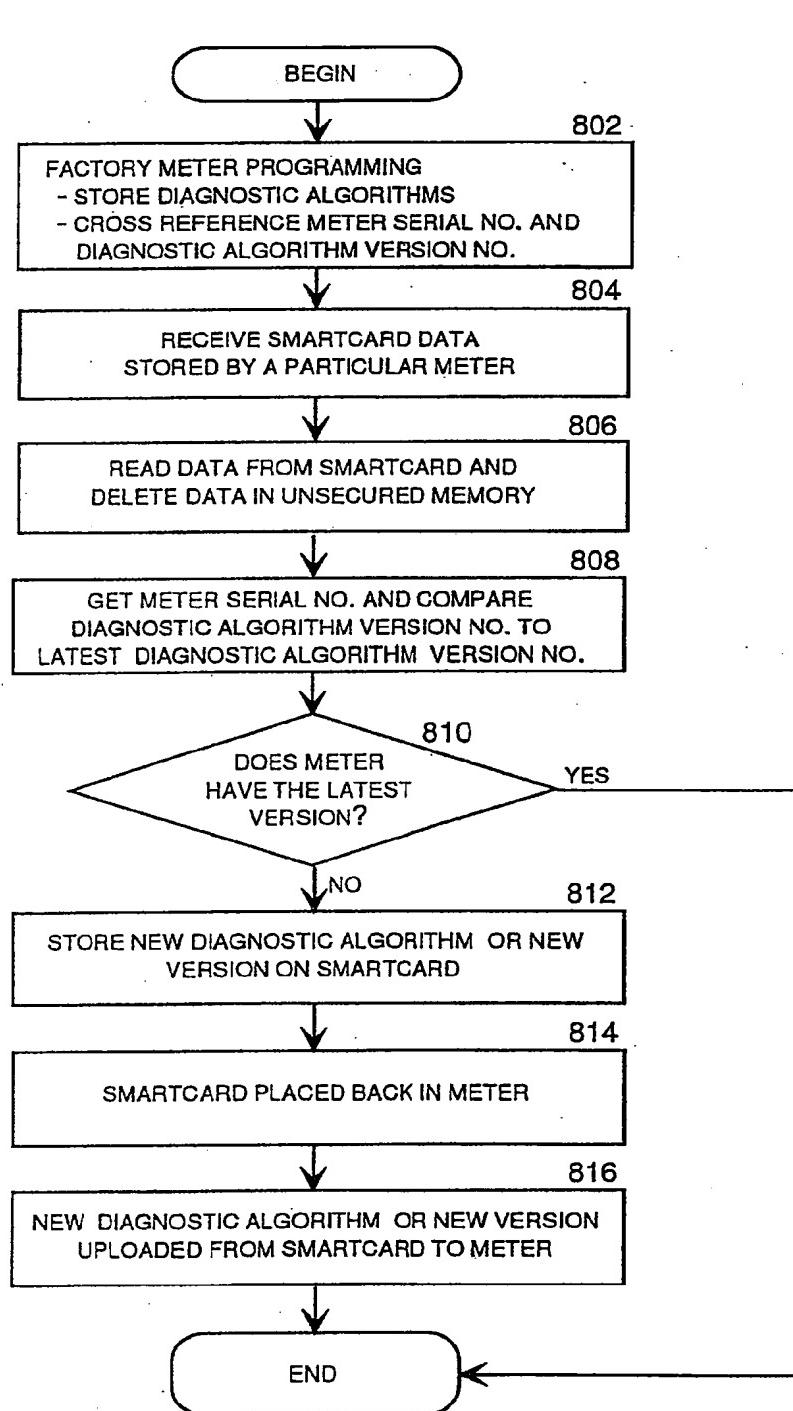


FIG. 8

REPLACEMENT DRAWING

9 / 3 0

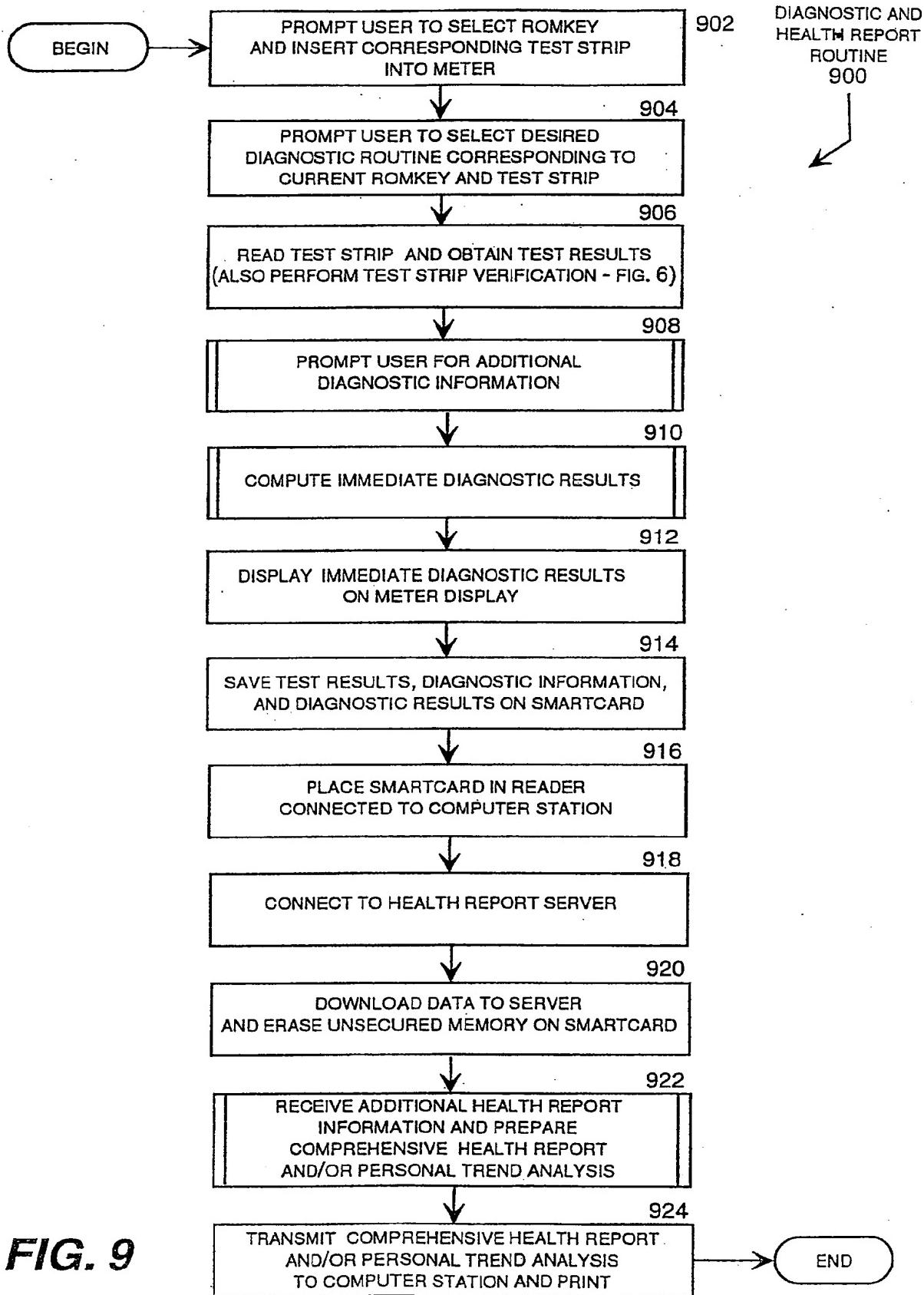
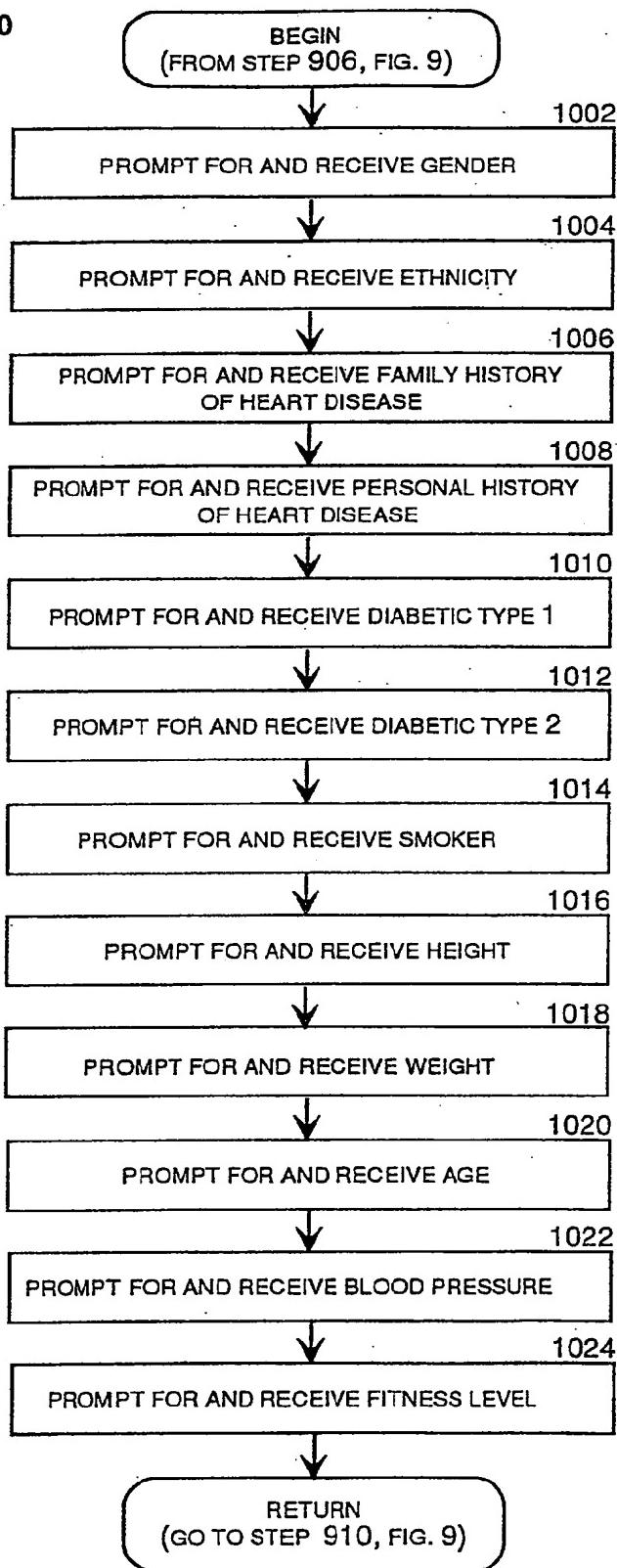


FIG. 9

REPLACEMENT DRAWING

10/30



EXAMPLE
CHOLESTEROL
ROUTINE
908



FIG. 10

REPLACEMENT DRAWING

11 / 30

EXAMPLE
CHOLESTEROL
ROUTINE
910

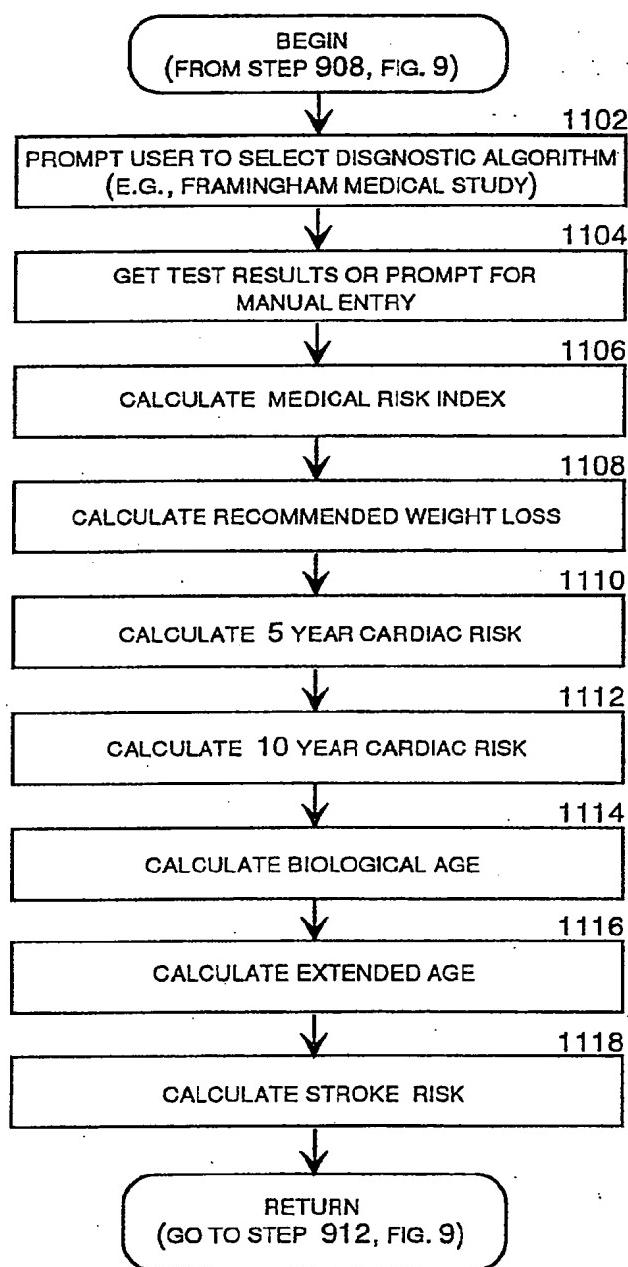


FIG. 11

REPLACEMENT DRAWING

12 / 30

EXAMPLE
CHOLESTEROL
ROUTINE
922

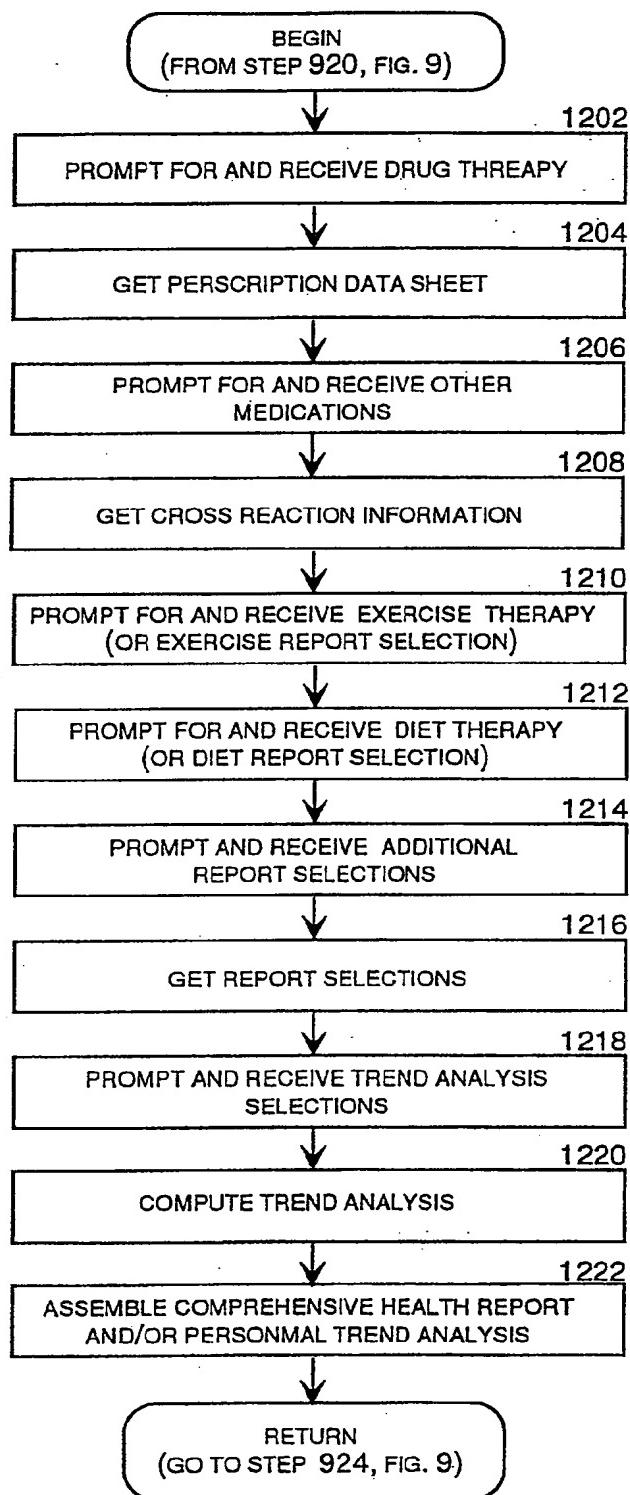


FIG. 12

REPLACEMENT DRAWING

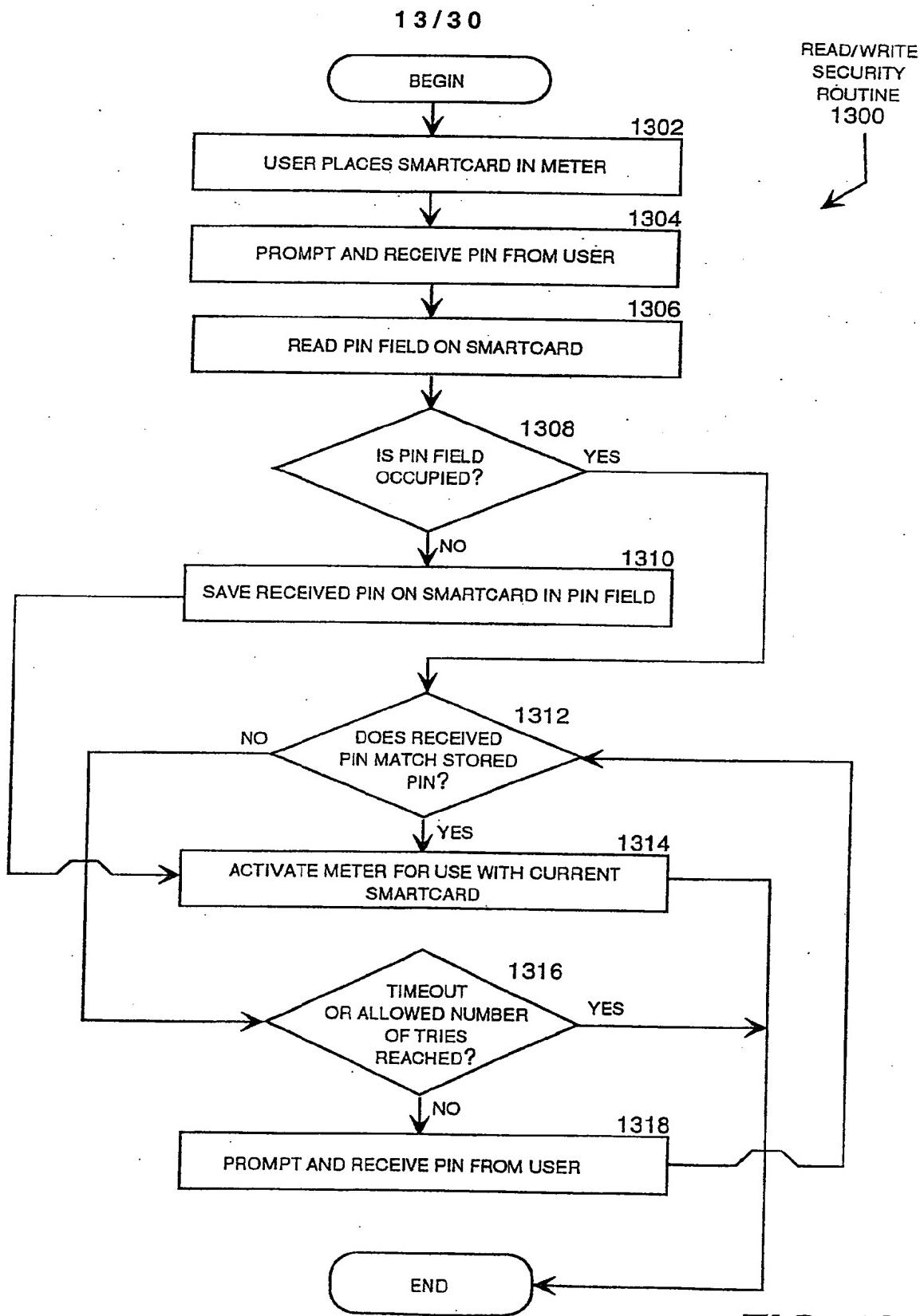


FIG. 13

REPLACEMENT DRAWING

14/30

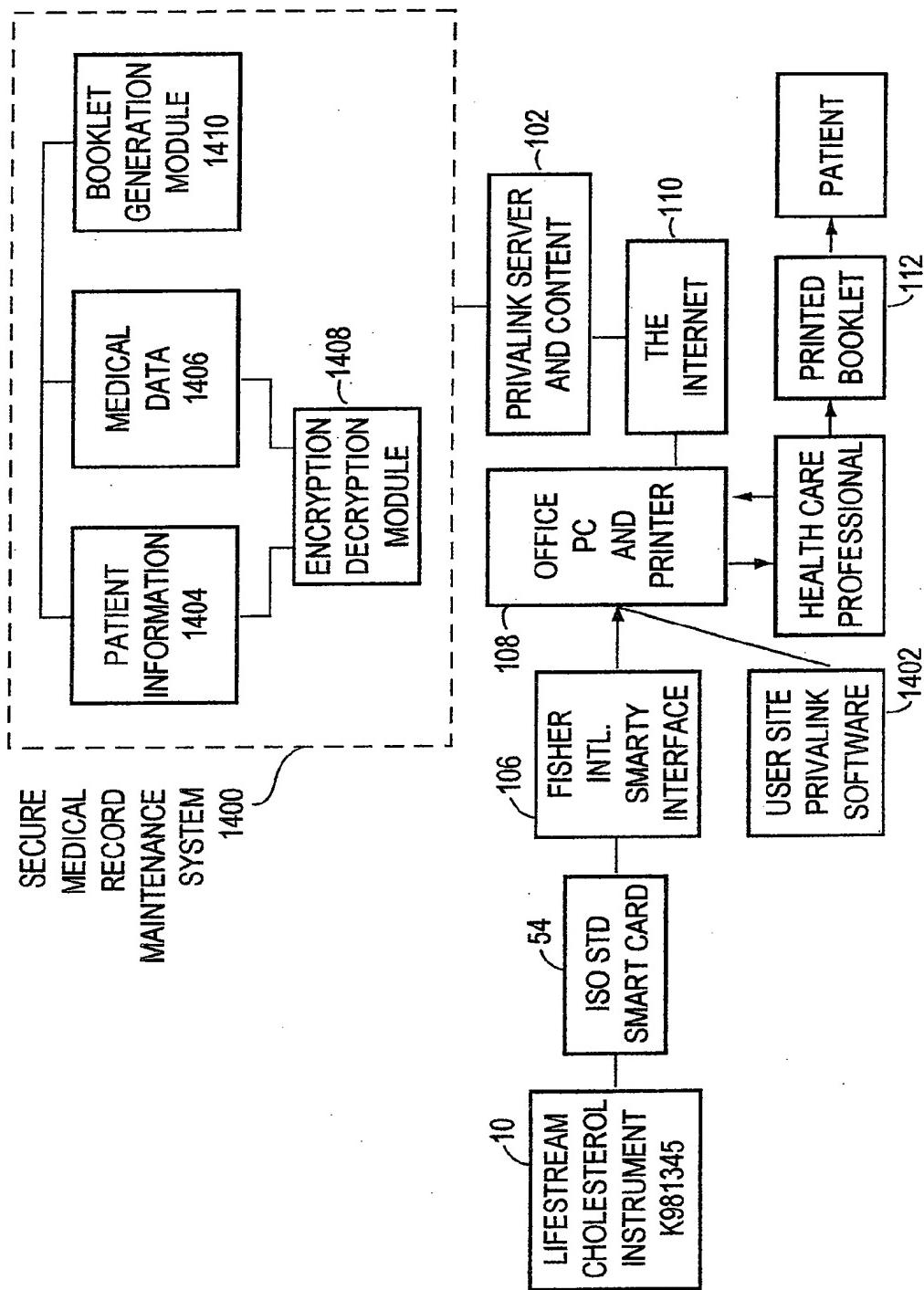


FIG. 14

REPLACEMENT DRAWING

15/30

108

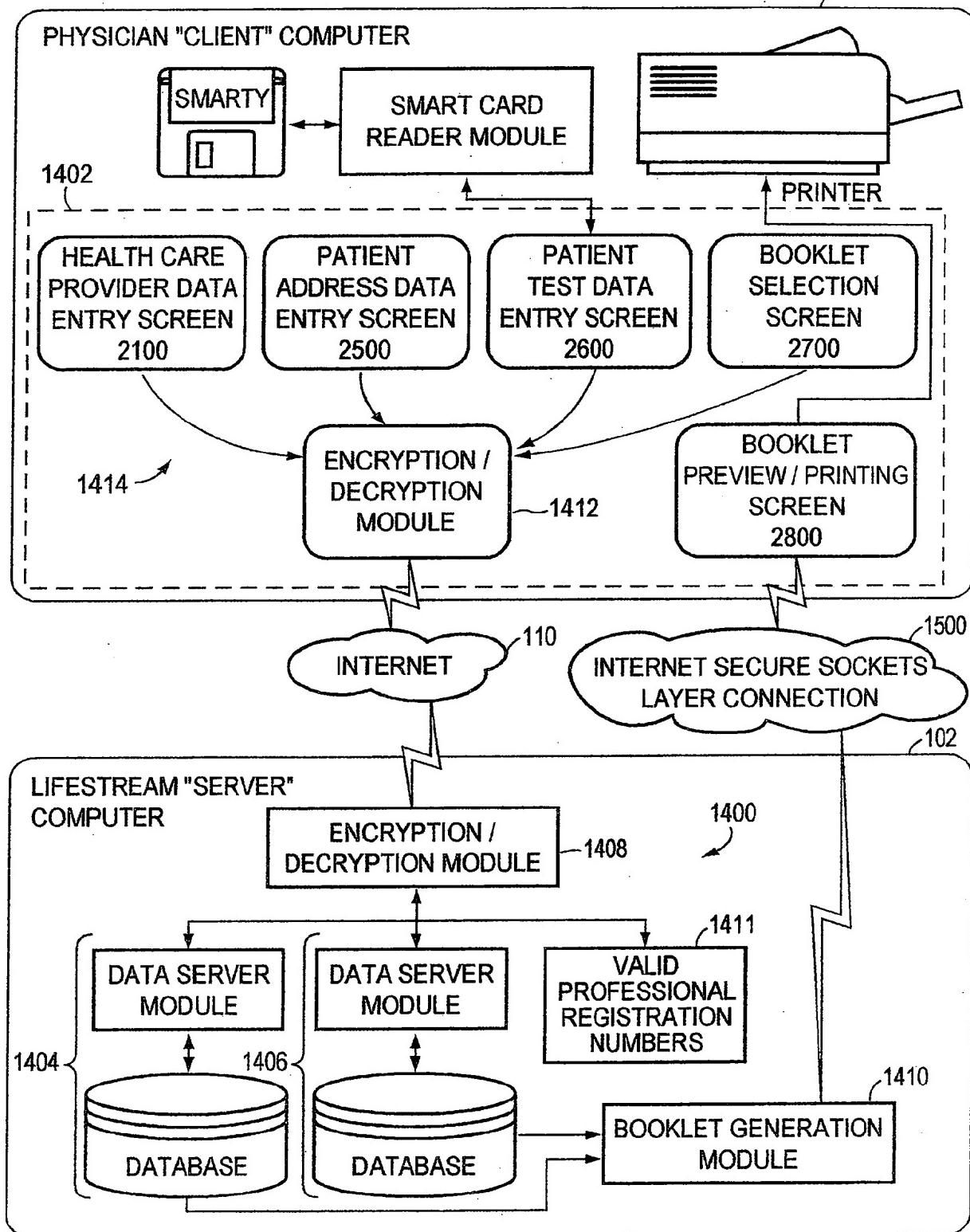


FIG. 15

REPLACEMENT DRAWING

16/30

GLOBAL SYSTEM HARDWARE PICTORIAL

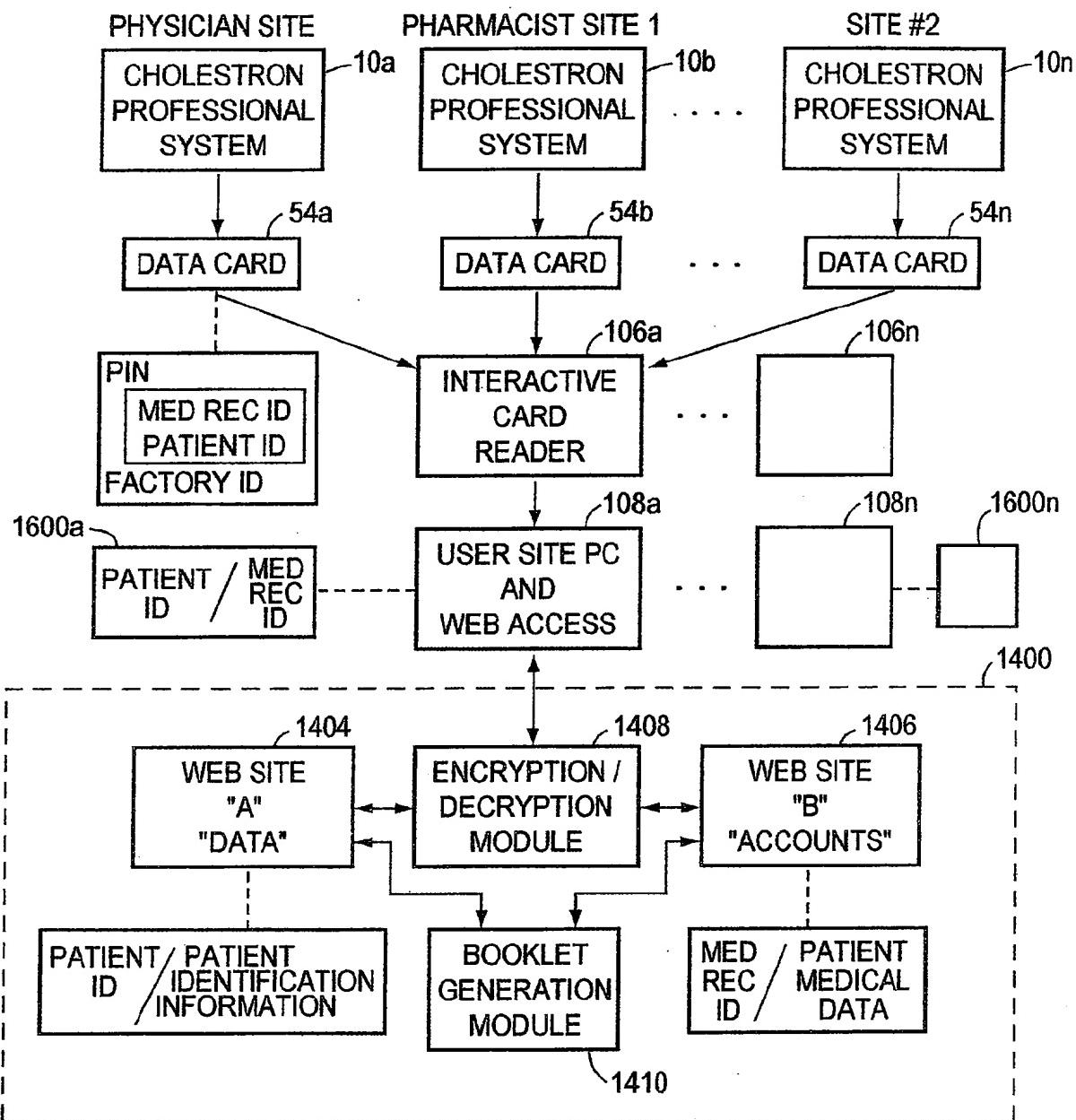


FIG. 16

REPLACEMENT DRAWING

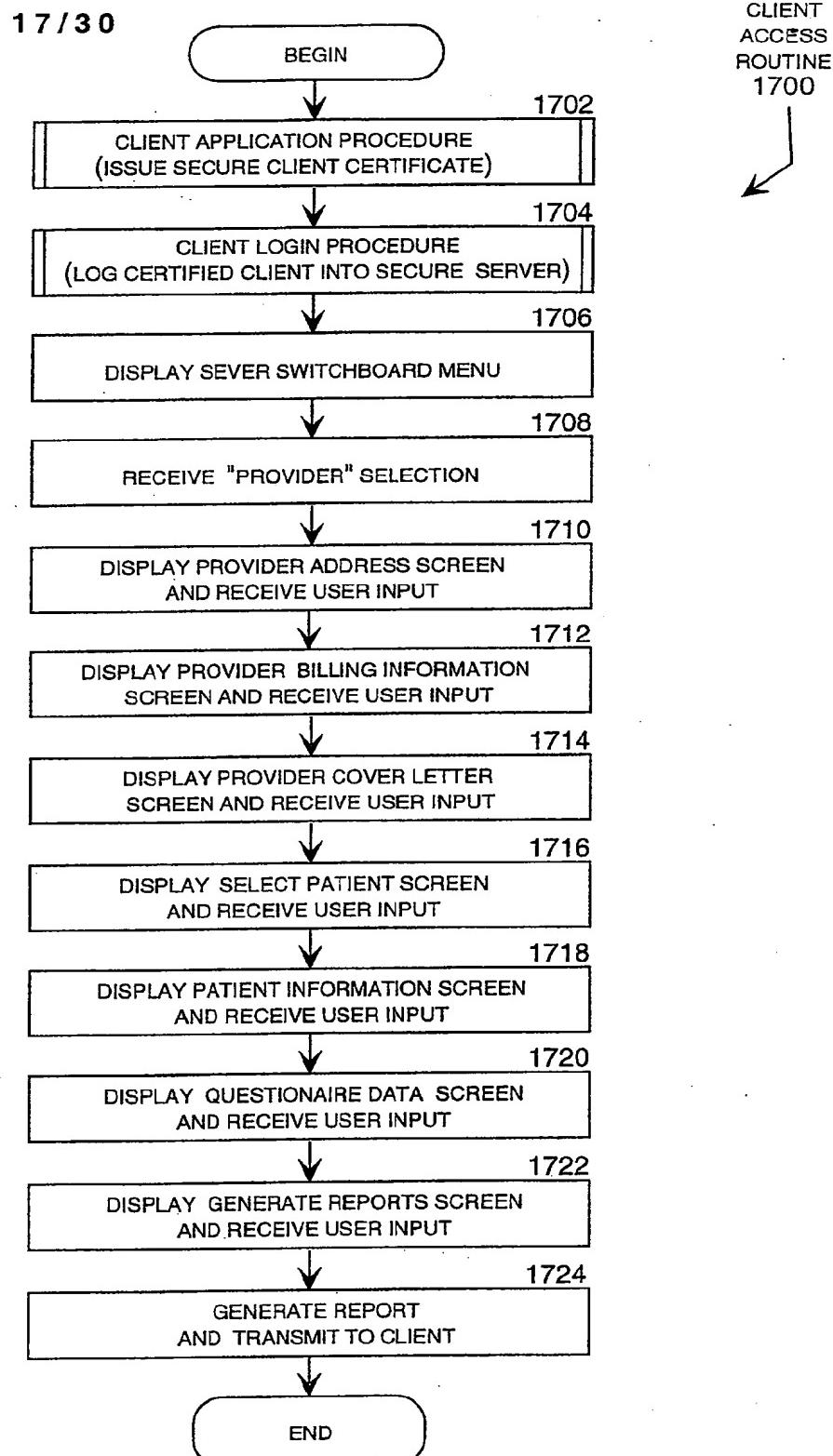


FIG. 17

REPLACEMENT DRAWING

18 / 30

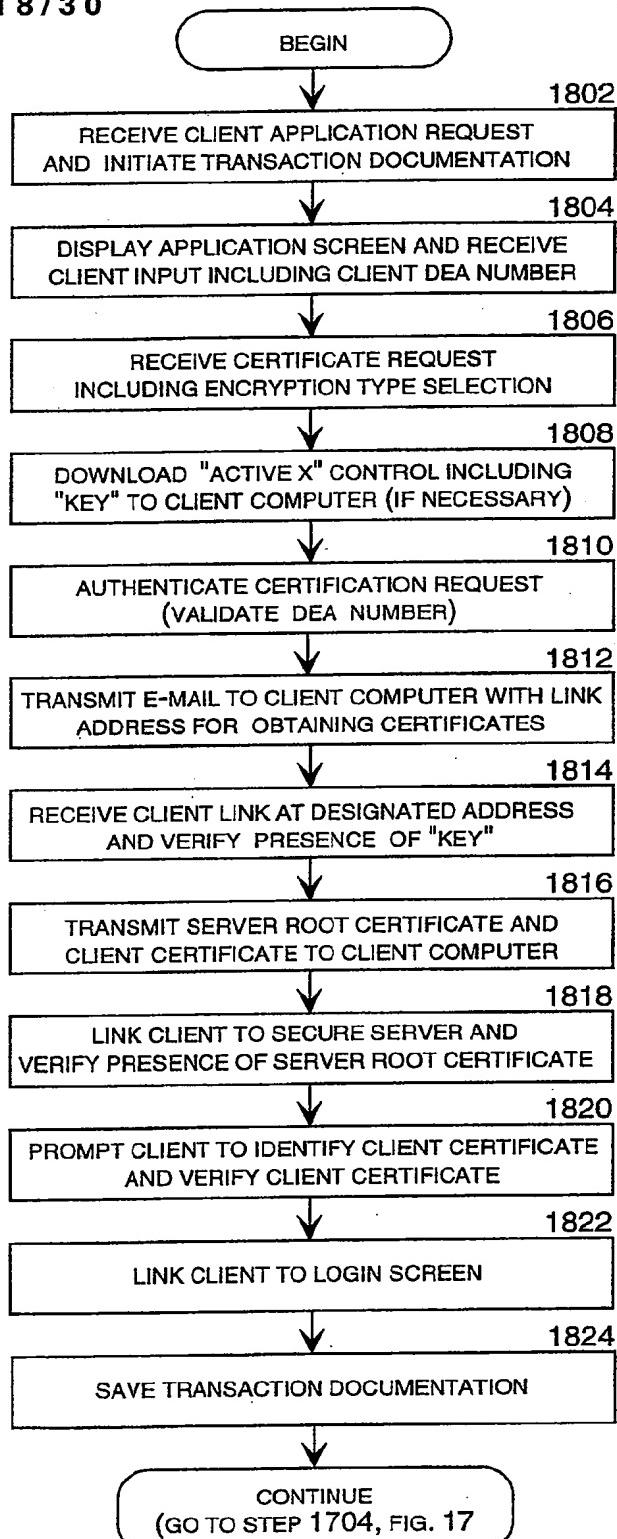


FIG. 18

REPLACEMENT DRAWING

19 / 30

CLIENT
LOGIN ROUTINE
1704

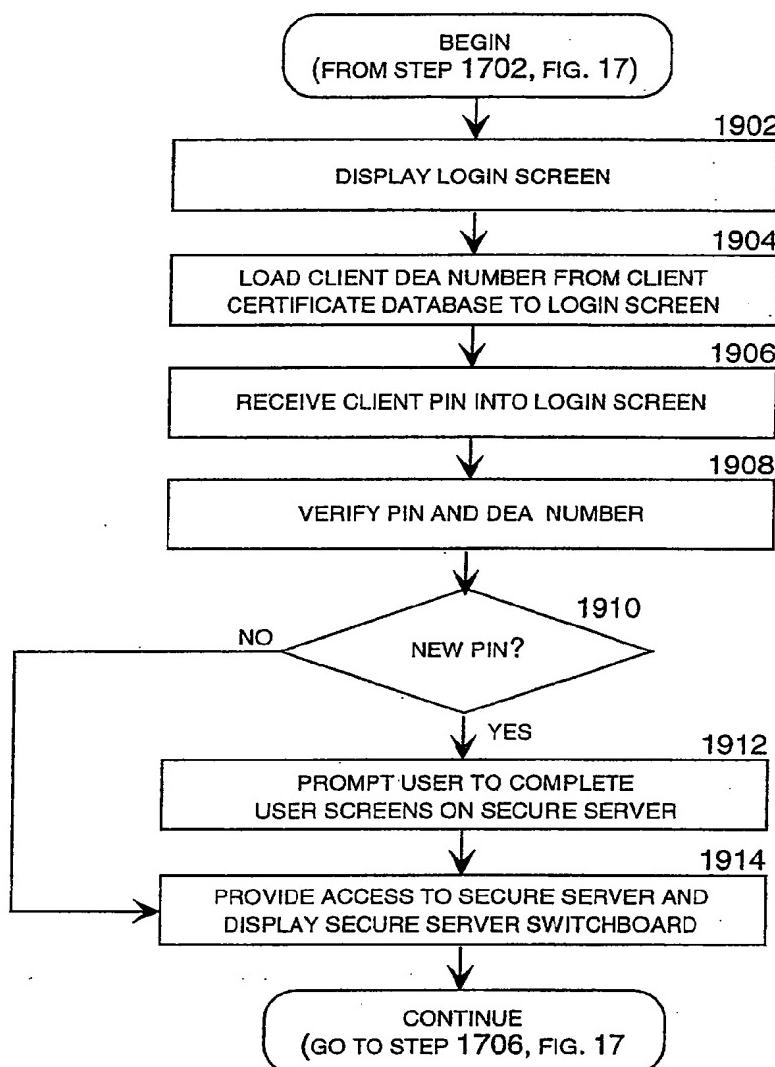


FIG. 19

REPLACEMENT DRAWING

20/30

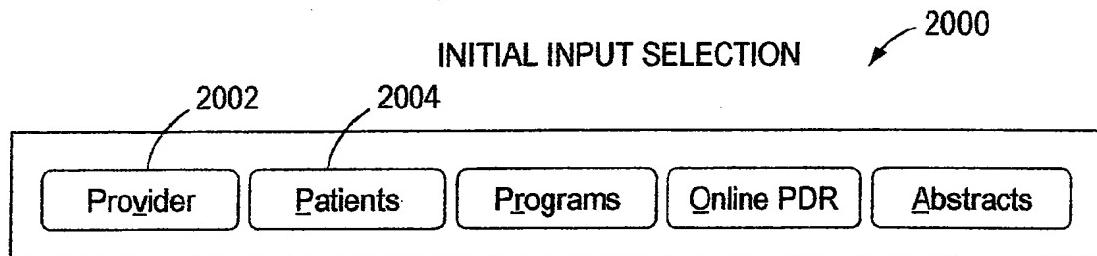


FIG. 20

BILLING MODULE

2102 2106 2108 2110 2104 2100

Address Billing Info Cover Letter

Account
Provider Number
XX1234567

Name
Title First Last Degree
Lifestream Technologies

Address
Street Address
510 Clearwater Loop
Suite 101

City State/Region Postal Code
Post Falls ID 83854

Country United States

Other
Phone Fax
(208) 457-9409 (509) 457-9509

Birthdate E-mail
1/1/60 sales@lifestreamtech.com

Notes

1.0.3.4

Save

FIG. 21

Serial No.: 10/649,923
Docket No.: 023134.0128D1US
Inventors: Christopher T. Maus et al.
Title: HEALTH MONITORING AND DIAGNOSTIC DEVICE
AND NETWORK-BASED HEALTH ASSESSMENT
AND MEDICAL RECORDS MAINTENANCE SYSTEM

REPLACEMENT DRAWING

21/30

2108 2200 2202

<input type="button" value="Address"/>	<input type="button" value="Billing Info"/>	<input type="button" value="Cover Letter"/>
Billing Method <input type="button" value="Credit Card"/> <input type="button" value="▼"/>		
Credit Card Information		
Credit Card Number	<input type="text"/>	Expiration Date <input type="text"/>
Name on card	<input type="text"/>	
Checking Account Information		
Checking Account	<input type="text"/>	Routing Number <input type="text"/>
<input type="button" value="Save"/>		

FIG. 22

REPLACEMENT DRAWING

22/30

2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~
~Pt.Name~
~Pt.Address~
~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,

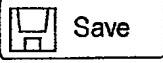
 Editor  Save

FIG. 23

REPLACEMENT DRAWING

23/30

2400

1.0.253

Select an existing patient or add a new patient

Select Existing Patient

Add New Patient

Administrative

FIG. 24

REPLACEMENT DRAWING

24/30

2500

Patient Information

Account	File Number	Entry Date
	123	11/24/98
Name	First	Last
	Jill	Smith
Address	Street Address	
	110 Main	
City	State/Region	Postal Code
Spokane	WA	99201
Country	Language	
United States	English	
Other	Phone	Fax
	(509) 555-1212	
Birthdate	Gender	
1/1/50	<input type="radio"/> Male	<input checked="" type="radio"/> Female
E-mail		
<input checked="" type="checkbox"/> Include on Mailing List		
Notes		
 Save		
 Previous  Next		

FIG. 25

REPLACEMENT DRAWING

25/30

2600

Questionnaire Data

Patient

File Number	First	Last	Test Time Stamp
123	Jill	Smith	12/8/98 10:16:01AM

Risk Components

Family History <input checked="" type="checkbox"/>	Height <input type="text" value="68"/> inches	Glucose <input type="text" value="0"/> mg/dl
Personal History <input type="checkbox"/>	Weight <input type="text" value="165"/> pounds	Body Fat <input type="text" value="24"/> %
CVD <input type="checkbox"/>	Age <input type="text" value="48"/> Years	Systolic <input type="text" value="140"/>
AF <input type="checkbox"/>	Chol <input type="text" value="215"/> mg/dl	Diastolic <input type="text" value="80"/>
LVH <input type="checkbox"/>	Tng <input type="text" value="0"/> mg/dl	Fitness <input type="text" value="Sedentary"/>
Diabetes Type 1 <input type="checkbox"/>	LDL <input type="text" value="0"/> mg/dl	Ethnicity <input type="text" value="Caucasian"/>
Diabetes Type 2 <input type="checkbox"/>	HDL <input type="text" value="0"/> mg/dl	Gender
Smoker <input checked="" type="checkbox"/>		<input type="radio"/> Male <input checked="" type="radio"/> Female

Record 1 of 1

Previous Next

FIG. 26

REPLACEMENT DRAWING

26/30

2700

Generate Reports

Current Test		First	Last	Test Time Stamp
File Number	123	Jill	Smith	12/8/98 10:16:01AM

Full Program Lifestyle Therapy Lipid Drug Blood Pressure Drug

Cover Letter None None None

Summary NCEP

Evaluation

Receipt

 Generate Report

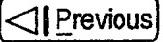
 Previous

FIG. 27

REPLACEMENT DRAWING

27/30

2802

	CORONARY RISK FACTORS	TEST RESULTS	IDEAL RANGE	GOALS
IDEAL	GENDER	MALE		
IDEAL	PERSONAL HISTORY	NO	NONE	
	FAMILY HISTORY	NO	NONE	
	CVD	NO		
	AF	NO		
	LVH	NO		
MODERATE	DIABETES (TYPE 1)	YES	NONE	
HIGH	SMOKER	YES	NO	
	HEIGHT	66 in		
	WEIGHT	155 lbs		
	AGE	44		
MODERATE	TOTAL CHOLESTEROL	211	< 200	
	TRIGLYCERIDES	200		
	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
IDEAL	PERCENTAGE OF BODY FAT	N/A	18%	
IDEAL	BP SYSTOLIC	115	< 120	
LOW	BP DIASTOLIC	80	< 80	
LOW	FITNESS	Moderate	High	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5% 10 YEARS - 10%	
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

2806

EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28

REPLACEMENT DRAWING

28/30

2900

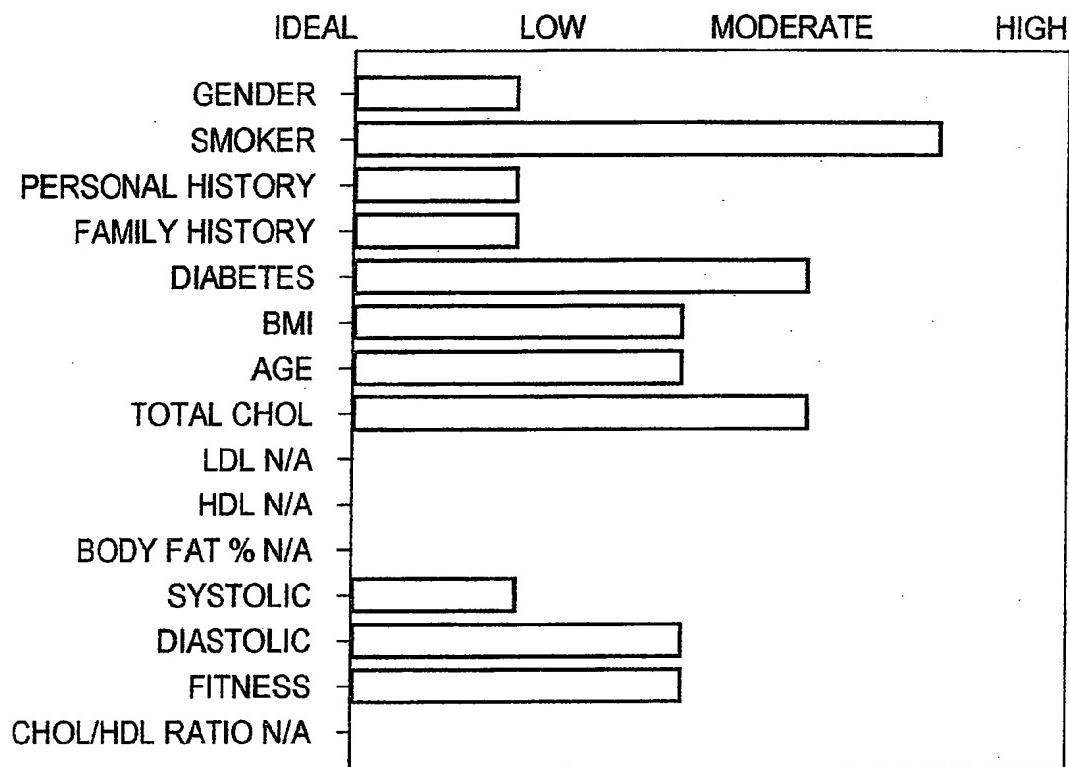


FIG. 29

REPLACEMENT DRAWING

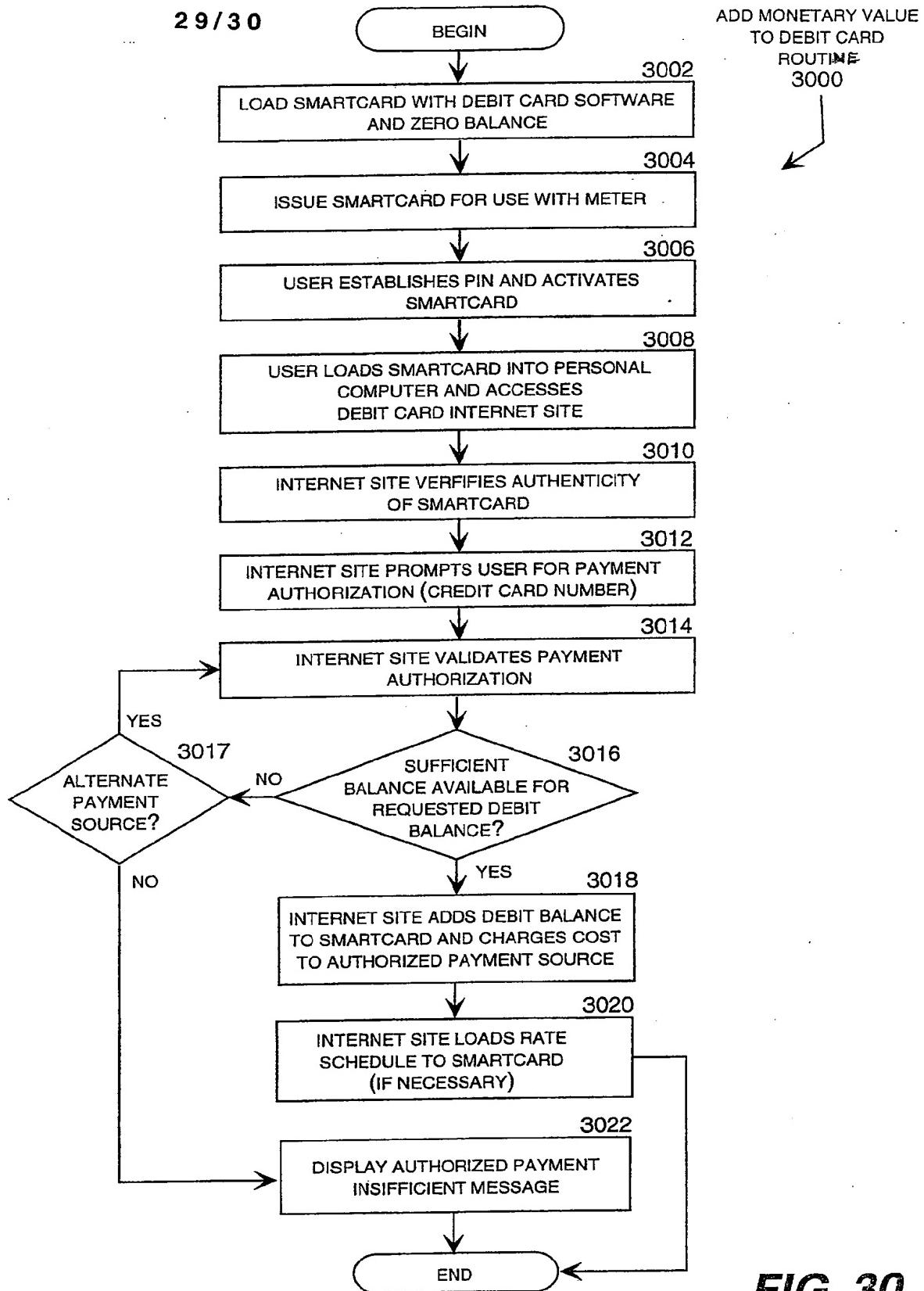


FIG. 30

REPLACEMENT DRAWING

30 / 30

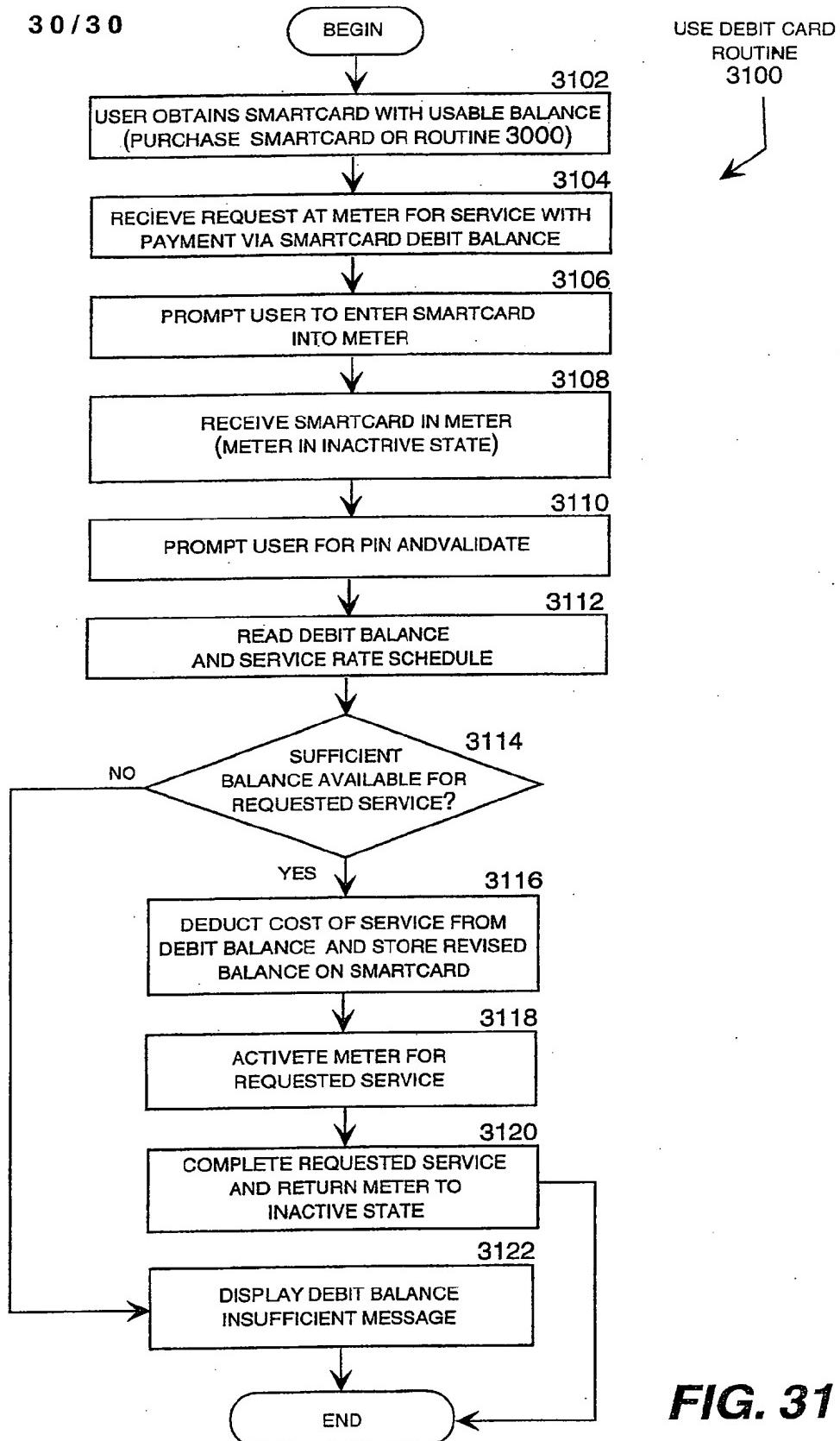


FIG. 31